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> The Behavioral Risk Factor Survey is a telephone survey currently conducted by the Institute for Public Policy and Social Research at Michigan State University for the Michigan Department of Community Health in coordination with the federal Centers for Disease Control and Prevention and the Michigan Public Health Institute. This report was collaboratively prepared by the Michigan Department of Community Health and the Michigan Public Health Institute.



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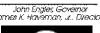
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Brief Report of Results 1997 MICHIGAN THE FROM BRFS BEHAVIORAL RISK FACTOR

Michigan Department of Community Health







Initial results from the 1997 Michigan Behavioral Risk Factor Survey (BRFS) are presented in this brief report. The BRFS is a representative statewide survey of Michigan adults conducted throughout 1997. Survey questions focused on health screening practices and risk John Engler, Governor

James K. Haveman, J. Discolor

behaviors related to the leading causes of death, disability and chronic diseases. All results have been weighted and can be interpreted as prevalence estimates for the adult population of Michigan. Results are presented with 95% confidence intervals.

Women's Breast and Cervical Cancer Screening

The majority of women respondents had ever had a Pap test for cervical cancer (94.8%), and more than 8 in 10 (83.8%) had had the test in the past three years.

Of women aged 20 and older, about 9 in 10 (90.9%) had ever had a clinical breast exam, but only about threequarters (75.3%) had had the exam within the recommended time frame (every three years for women aged 20-39; annually for women aged 40+).

Of women aged 40 and older, nearly 9 in 10 (88.6%) had ever had a mammogram, but only 6 in 10 (59.2%) had had this screening within the recommended time frame of one year. Combining appropriately-timed clinical breast exam and appropriately-timed mammography, slightly over half (52.4%) of women aged 40 and older were considered to have received appropriate breast screening.

The mammography screening indicator (and therefore the appropriate

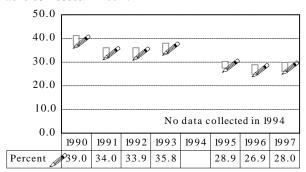
breast screening indicator as well) has been updated from previous BRFS reports to reflect new time frame recommendations. Annual mammography for women aged 40-49 is a new recommendation; previously this screening was recommended every two years for this age group.

Since 1990, there has been no substantial change in the proportion of women who had ever had a Pap test, and had ever had a clinical breast exam. The proportion of women aged 40+ who have ever had a mammogram, however, has increased 14 percentage points since 1990.

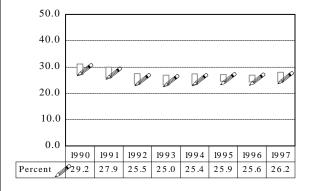
% 95% CI	Women's Breast and Cervical Cancer Screening
94.8 ± 1.4 83.8 ± 2.2 90.9 ± 1.6 75.3 ± 2.5	Ever Had Pap Test (Age 18+) Pap Test Within 3 Years (Age 18+) Ever Had Clinical Breast Exam (Age 20+) Clinical Breast Exam In Appropriate Time (Age 20+)
88.6 ± 2.4 59.2 ± 3.7 52.4 ± 3.7	Ever Had Mammography (Age 40+) Mammography In Past Year (Age 40+) Appropriate Breast Screening (Appropriately- timed Clinical Breast Exam and Mammography for Age 40+)

TRENDS OF SELECTED BEHAVIORS

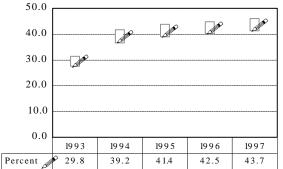
Adults Safety Belt Nonuse: Adult nonuse of car safety belts has decreased from 39% in 1990 to 28% in 1997. No data were collected in 1994.



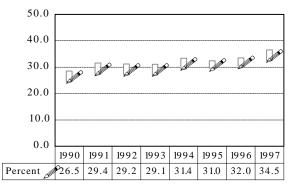
Current Cigarette Smokers: The proportion of adults who are current smokers has stayed nearly the same since 1992. The Department of Community Health year 2000 objective is to decrease adult smoking to 22.3% or less.



Ever Tested for HIV: The proportion of adults who had ever been tested for HIV has increased overall from 29.8% in 1993 to 43.7% in 1997.



Overweight: The proportion of adults who are overweight has increased from 26.5% in 1990 to 34.5% in 1997. The Department of Community Health year 2000 objective is to decrease adult overweight to 26% or less.



^{*} The top and bottom of the boxes in the charts indicate the 95% confidence intervals. The estimate is indicated by the dot.

Preventive Cardiovascular Disease (CVD) Counseling

Respondents were asked a series of questions about advice they had received from a physician to lower their risk of developing heart disease or stroke by changing specific behaviors. More than 1 in 3 respondents had been advised by a doctor to eat fewer high fat or high cholesterol foods and nearly 4 in 10 had been advised to exercise more. About 7 in 10 current smokers had been advised by a doctor to quit smoking.

% 95% CI	Proportion of those advised by a doctor to lower their risk of cardiovascular disease by
31.6 ± 2.0	eating fewer high fat or high cholesterol foods (among all respondents)
24.1 ± 1.8	losing weight (among all respondents)
50.6 ± 3.7	losing weight (among overweight respondents)
37.9 ± 2.2	exercising more/being more physically active (among all respondents)
62.0 ± 4.3	taking medications specifically to reduce high blood pressure (among those ever told blood pressure was high)
15.0 ± 2.2	taking medications specifically to reduce high blood cholesterol (among those ever told blood cholesterol was high)
70.9 ± 3.7	quitting smoking (among current smokers)

Prevalence of Selected Risk Factors and Behaviors 1997 Michigan BRFS

(in percentages with 95% confidence intervals)

% 95% CI Risk Factor/Behavior		% 95	%	CI	Risk Factor/Behavior
	Cigarette Smoking				Health Care Access and Screening
	Current Cigarette Smoking	90.2	±	1.4	Had Health Care Coverage (Age 18–64)
52.1 ± 4.5	4.5 Quit Smoking at Least One Day in Past		±	1.2	Cost Prevented Doctor Visit in Past Year
10.0	Year (Among Current Daily Smokers)		±	1.8	Ever Had Cholesterol Tested
40.9 ± 3.9	Reported Trying to Quit Smoking (Among Current Smokers)				Colorectal Cancer Screening (Age 50+)
		22.1	±	2.9	Blood Stool Test Past Year
F7.0 + 2.2	Exercise and Weight Status	35.0	±	3.5	Sigmoidoscopy/Proctoscopy Test Within 5 Years
	Reported Trying to Exercise More Reported Trying to Lose Weight				Immunizations (Age 65+)
34.5 ± 2.0		63.2	+	51	Flu Shot Past Year
31.3 ± 2.0	HIV/AIDS (Age 18-64)	45.8			Ever Had Pneumonia Vaccination
92.8 ± 1.2	Would Encourage Condom Use for				Diabetes, Blood Pressure, Cholesterol
	Sexually Active Teens	5.9	±	1.0	Ever Told Diabetes
80.1 ± 2.0	Would Encourage Abstinence for Teens	23.3	±	1.8	Ever Told High Blood Pressure
	Perceived Risk of HIV Infection High or Medium	31.2	±	2.2	Ever Told Cholesterol High (Among Those Tested)
43.7 ± 2.4	Ever Tested for HIV	23.6	±	1.8	Ever Told Cholesterol High (Among All Adults)
	Injury				Alcohol Use
	Adult Safety Belt Nonuse	3.8	+	Λ 0	Heavy Drinking
16.0 ± 2.5	Child Safety Belt or Safety Seat Nonuse	18.8			Binge Drinking
	(Up through age 15)				
79.1 ± 3.1	Child Bike Helmet Nonuse (Age 5-15)	3.5	Ξ	0.8	Drinking and Driving

Table Notes: Proportions are among all respondents unless otherwise noted. A current smoker was defined as a respondent who reported that she or he had smoked at least 100 cigarettes and currently smoked cigarettes. Overweight was defined as a Body Mass Index equal to or greater than the 85th percentile. The following HIV/AIDs indicators are presented as proportions of respondents age 18-64 who: would encourage condom use among sexually active teens, would encourage abstinence among teens, perceived their chance of HIV infection as high or medium, and had ever been tested for HIV ("don't knows" were valid responses). The injury prevention indicators represent the estimated proportion of adults who did not always use car safety belts, the proportion of adults with children up through age 15 in their household in which the oldest child in this age range did not always use safety seats or safety belts, and the proportion of adults with children age 5-15 in the household in which the oldest child in this age range did not always wear a bicycle helmet while riding a bike. Indicators for ever told diabetes, high blood pressure, and high cholesterol represent the proportion of respondents who reported that they had ever been told by a health professional that they had that condition. Heavy drinking was defined as consuming at least 60 or more alcoholic beverages during the past month, binge drinking was having had five or more alcoholic beverages per occasion at least once in the past month, and drinking and driving as having driven a car after having had "perhaps too much to drink."